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NO. 6 OF OCTOBER 4, 2016](#)



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Director and Health Officer

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Fifth District

July 8, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF  
LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION  
(ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide bi-weekly reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division Long-Term Care Complaint and Entity Reported Incident Investigations, issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ). This is to provide your Board with the first bi-weekly report that includes how DPH is ensuring complaints involving potential immediate jeopardy to the health and safety of nursing home residents are being prioritized and investigated in a timely manner.

For the Quality Review, CDPH CHCQ Licensing and Certification Program staff reviewed 136 case files, conducted interviews of DPH Health Facilities Inspections Division (HFID) staff, and observed HFID's offices around the county to assess HFID's compliance with State and federal complaint and entity reported incident (ERI) investigation and case closure policies. Based on their review and observations, CDPH CHCQ made six recommendations. The following is the status of the corresponding corrective actions.

**Recommendation 1: CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.**

*Corrective Action:* LAC will cooperate with CDPH by providing all information requested.

*Status:* Completed. Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.

**Recommendation 2: HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.**

*Corrective Action:* By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs.

HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.

*Status:* Completed for this year. Supervisors reviewed with support staff CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs. Acknowledgement Sheets were signed by support staff in each district office acknowledging that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff.

In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.

**Recommendation 3: HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.**

*Corrective Action:* In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.

*Status:* Completed. On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.

**Recommendation 4: HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.**

*Corrective Action:* Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.

*Status:* Completed.

**Recommendation 5: HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.**

*Corrective Action:* By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.

*Status:* Completed. The training for supervisors on appropriate supervisory review of complaint and ERI investigations was included in the June 25, 2014 training session.

**Recommendation 6: HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.**

*Corrective Action:* By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.

*Status:* A tracking system to monitor training needs and compliance with mandatory training, and the audit review process are in the developmental stages. Each are on schedule for completion by their referenced due dates.

**Prioritization and Investigation of Immediate Jeopardy Complaints**

All Health Facilities Inspection Division managers/supervisors were trained on the complaint policy and procedure (14-01) that included the prioritization of all complaints and ERI intakes, including those that constitute an immediate jeopardy situation. On July 1, 2014, a new complaint tracking log was issued to all supervisors. With the newly developed tracking log, supervisors shall closely monitor the status of all complaints, including immediate jeopardy complaints, to ensure timely initiation and completion in accordance with mandated time frames. Program Managers will review these logs on a weekly basis and communicate findings to HFID and DPH Environmental Health executive management in weekly program update meetings.

**Additional Issues**

The CDPH Quality Review report did not take into account staffing shortages. Using the CDPH L&C Staffing Model, which applies state standard average hours for completion of surveys, complaints, ERIs and follow-up activities, 306 positions are required to address the workload for all LAC facilities. LAC has 151 funded positions and has formally requested funding for 155 positions: 27 currently authorized but unfunded positions, and 128 new positions. Until the funding and resources are received, LAC, in consultation with CDPH and U.S. Centers for Medicare and Medicaid Services, is developing a Workload Plan Proposal to optimize the most productive use of existing staff while prioritizing surveys, complaints and ERIs.

Each Supervisor  
July 8, 2014  
Page 4

I look forward to providing you with the next bi-weekly update on the implementation status of these corrective actions being taken by HFID. In the meantime, if you have any questions or need additional information regarding the status of the corrective actions, please let me know.

JEF:dc  
PH:1406:006

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

2014 JUL 10 AM 9:47

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Fifth District

July 22, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding mo*  
Director and Health Officer

SUBJECT: **BI-WEEKLY REPORT: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION  
DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide bi-weekly reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. The first bi-weekly report was submitted to your Board on July 8, 2014. This is the second bi-weekly report.

Recommendations 1 through 5 in the Quality Review report have been completed, and recommendation 6 is on-track for completion by the established due dates. See Attachment I for details.

### Organizational Improvements

DPH has instituted a number of organizational changes in order to improve program performance and increase accountability. In April 2014, HFID was placed under the Division of Environmental Health. In mid-June, Nwamaka Oranusi was appointed Acting Chief of HFID. Ms. Oranusi has over 23 years of experience in various Environmental Health programs, most recently as the Chief of the Garment Program, Detention Facilities, and Safe Body Art. As well as being a registered environmental health specialist, Ms. Oranusi is a registered nurse and holds a M.S. degree in Public Health.

Ms. Oranusi has ensured that all applicable staff have reviewed policies and were trained on procedures related to intake, prioritization, and assignment of complaints and entity reported incidents (ERIs). She was responsible for the development of a tracking log implemented on July 1, 2014 to track complaints, including immediate jeopardy complaints. The log is completed by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers are required to monitor the logs on a weekly basis and communicate findings to HFID and DPH Environmental Health executive management in weekly program update meetings.

### Addressing Resource Shortfalls

As reported in the July 8, 2014 bi-weekly report, the CDPH Quality Review report did not take into account staffing and resource shortages. During weekly meetings with CDPH, LAC continues to emphasize the need for additional staff. To date HFID has not received a response regarding our funding request for additional resources. In the interim, HFID continues to follow a workload plan that prioritizes surveys, complaints, and ERIs, and optimizes the most productive use of existing staff.

I look forward to providing you with the next update on the implementation status of these corrective actions being taken by HFID. In the meantime, if you have any questions or need additional information, please let me know.

JEF:dc  
PH:1406:006

Attachment

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

CLERK OF SUPERVISORS  
JUL 23 2014 10:54 AM

2014 JUL 25 AM 11:22

FILED

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

Attachment I

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	STATUS
<p>1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID Contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff.</p>
		<p>In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>



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Interim Director

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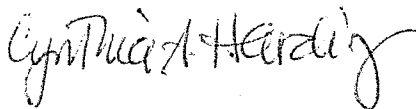
Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

September 26, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director



SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8, July 22, and August 21, 2014.

Recommendations one through five in the Quality Review report have been completed. In addition, a tracking system to monitor training needs and compliance with mandatory training has been developed. The remainder of recommendation six is on-track for completion by the established due date. See attachment A for details.

Since the last monthly report, the Auditor-Controller (A-C) provided your Board with a report of their follow-up review of the quality and integrity of HFID nursing home investigations. This report was a follow-up to their initial report issued on April 4, 2014. In this second phase of their audit, the A-C reviewed a very small sample of case files: three percent of the cases closed between July 1, 2012 and April 16, 2014, and one percent of cases that were open as of March 14, 2014. Their review focused on case file documentation to demonstrate the initiation, review and closure of these cases. Recommendations were provided by A-C to your Board on August 27, 2014, to which the DPH response was attached. Eight of the ten recommendations in this current audit have been implemented, as detailed in Attachment B. DPH did not concur with the remaining two recommendations.

## **Organizational Improvements**

DPH has mentioned in previous reports a number of operational changes which HFID has, and is in the progress of implementing to improve the overall functioning of HFID. These improvements include implementation of a new tracking log for complaints to closely monitor the status of complaints received; organizational restructuring of the program to provide improved oversight and managerial support; refresher training on intake, prioritization and assignment of complaints and Entity Reported Incidents (ERIs); weekly update meetings with program managers and executive management; and the implementation of a workload plan that prioritizes surveys, complaints, and ERIs and optimizes the most productive use of staff.

## **Strategic Workload Planning**

Los Angeles County is responsible for 33% of licensed health care facilities that require inspection in the State, yet we receive only 15% of the CDPH Licensing & Certification budget. In May 2014, HFID submitted a request for additional funds to the State to adequately address the workload. To date, HFID has not received a response regarding its funding request for additional resources. More recently, a five-signature letter was sent from your Board to the Governor on September 24, 2014 requesting the additional resources for the HFID workload.

In the interim, HFID has been following a three-month workload plan that has resulted in a reduction in the workload to assure that HFID staff meet quality standards for their investigations and that has optimized productive use of existing staff. HFID is also collaborating with CDPH and the federal Centers for Medicare and Medicaid Services (CMS) to develop a one-year strategic plan, which will outline the workload that can be accomplished within existing resources.

The next Board report will be provided by November 26, 2014. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc  
PH:1406:006

## **Attachments**

c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

2014 OCT 1 PM 3:52

2014 OCT 1 PM 3:52

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

<b>Recommendations from CDPH 6-1-14</b>	<b>Corrective Action Submitted to CDPH 6-12-14</b>	<b>Status</b>
<p>1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	Status
<p>3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.</p>	<p>In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.</p>	<p><b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.</p>
<p>4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.</p>	<p>Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.</p>	<p><b>Complete</b></p>
<p>5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.</p>	<p>By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.</p>	<p><b>Complete</b> Training was provided on June 25, 2014.</p>
<p>6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.</p>	<p>By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training.</p> <p>By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.</p>	<p><b>Complete</b> The tracking system to monitor training needs and compliance with mandatory training has been developed.</p> <p><b>On-track</b></p>

**COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER**  
**DEPARTMENT OF PUBLIC HEALTH – AUDITOR-CONTROLLER NURSING HOME INVESTIGATION FOLLOW-UP REVIEW**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

<b>Recommendations from Auditor-Controller 8-27-14</b>	<b>Response submitted 8-22-14</b>	<b>Status</b>
<p>1. HFID management ensure all complaints/ERIs are entered into ACTS upon receipt.</p>	<p>Agree. The CDPH Licensing and Certification Policy and Procedure No 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, Section 100.2.01 was discussed with all supervisors on June 25, 2014, and all Senior Nurses and support staff on July 1, 2014.</p> <p>On July 1, 2014, a new Complaint Tracking Log was implemented in all District Offices. The newly developed tracking log identifies the facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint investigation initiation/ start date, exit date, and supervisor review date.</p> <p>To ensure all complaints and entity related incidents (ERIs) are entered into the Automated Survey Processing Environment (ASPEN) Complaint Tracking System (ACTS) upon receipt, on a daily basis, supervisors compare the receipt date on the new Complaint Tracking Log with the date the complaint/ERI was entered into ACTS. The Program Manager generates an ACTs report for all complaints/ERIs received during the week, compares the Complaint Tracking Log with the ACTs report, and discusses the findings in the weekly Program Manager meeting.</p>	<p><b>Complete</b>  Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, a comprehensive audit review process is in the development stage and will be implemented by December 31, 2014. This audit review process will include a component to verify that all complaints/ERIs are entered into ACTS upon receipt.</p>
<p>2. HFID management ensure that complaints/ERIs are prioritized in accordance with the State guidelines and the justification for prioritizing the complaints/ERIs is documented.</p>	<p>Agree. By July 1, 2014, all HFID supervisors reviewed the CDPH Licensing and Certification Policy and Procedure No 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs</p>	<p><b>Complete</b>  Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, the comprehensive audit review process currently being developed</p>

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
	<p>with support staff. Acknowledgement Sheets were signed by support staff in each district office, acknowledging that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff.</p> <p>In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all Senior Nurses and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incidents at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>	includes a verification component that will ensure all complaints/ERIs are prioritized correctly.
<p>3. HFID management reassign open investigations timely when surveyors retire or are transferred.</p>	<p>Agree. It should be noted that the specific case in the Auditor-Controller's review refers to a one-time occurrence. However, in HFID's own investigation into this matter it became apparent that HFID does not have a uniform practice regarding reassignment of investigations. Therefore, effective September 1, 2014, all surveyor reassignments will be included in the new Complaint Tracking Log. This log is updated daily by supervisors to closely monitor the status of all complaints received.</p>	<p><b>Complete</b> Effective September 1, 2014, all surveyor reassignments are being included in the new Complaint Tracking Log. This log is updated daily by supervisors to closely monitor the status of all complaints received.</p>
<p>4. HFID management ensure that all staff who review and approve the surveyors' recommended deficiencies and citations appropriately document the justification for approving or changing the surveyors' results.</p>	<p>Agree. On June 5, 2014, supervisors were directed to use a documentation verification form titled, Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor. DPH assisted the State with revising the form which will now be used statewide. The previous form did not require signatures indicating consensus after discussions took place between the surveyor and the supervisor. The new form requires supervisors to appropriately document the justification for approving or changing the surveyor's results. This form verifies that supervisors are conferring with the surveyors before any changes are implemented. The Supervisors Worksheet contains the following information: components of a deficient practice statement; findings that address all factual aspects of the investigation; sources of evidence (observation/interview/record review); sufficient</p>	<p><b>Complete</b> Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, the comprehensive audit review process currently in development includes a verification component to ensure that supervisors and managers are appropriately using this worksheet.</p>

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
	supporting evidence; correct regulations cited; supportive documentation for violations; impact on the residents involved; and the appropriate scope and severity.	
<p>5. HFID management ensure that all changes to the surveyors' recommended deficiencies and citations are discussed and, as appropriate, surveyors gather missing evidence to support their results before downgrades are made and cases are closed.</p>	<p>Agree. See DPH response to Recommendation 4. When a manager supervisor documents and recommends a change to the surveyor's recommended deficiencies and citations, the Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor form is completed and discussed with the surveyor. The form is signed by both the surveyor and Supervisor/Manager to verify discussion. When further evidence is required to support a finding, the following survey evidence is requested by the supervisor to support the deficiency/citation and supervisor determination as indicated on the compliance determination worksheet for Supervisors:</p> <ul style="list-style-type: none"> <li>a) Survey Field Notes ( observations and interviews)</li> <li>b) Residents Medical Records</li> <li>c) Facility Policies and Procedures</li> </ul>	<p><b>Complete</b> Recommendation was implemented prior to the completion of this audit.</p>
<p>6. HFID management comply with State requirements and issue the Results of Complaint Investigation Letter to the complainants within ten business days of the formal exit as required.</p>	<p>Agree. HFID Supervisors, Senior Nurses, and support staff participated in training on June 25, 2014, and July 1, 2014. The training addressed all components of the CDPH complaint policy and procedure with emphasis on the timely issuance of the final complaint notification letter no later than ten business days. Refresher training will be conducted on an annual basis.</p>	<p><b>Complete for this year</b> Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, the comprehensive audit review process currently in development includes a verification component regarding the timely issuance of the final complaint notification letter.</p>
<p>7. HFID management establish a policy for staff to validate and document withdrawals of complaints and incidents.</p>	<p>Disagree. The specific case the Auditor Controller is referring to contained documentation within the file that the case had been withdrawn, which is in accordance with State policy. The HFID program is implemented as a contract with the State and therefore, staff must follow the existing State policies and procedures. A separate policy for handling withdrawals is not necessary at this time. In addition, the newly developed Complaint Tracking Log will be used to improve tracking of complaints and ERIs that have been withdrawn.</p>	<p>N/A</p>

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
<p>8. HFID management ensure onsite investigations are appropriately completed for all complaints/ERIs in accordance with the State contract.</p>	<p>Agree. On June 27, 2014, HFID submitted to the State a three-month workload plan describing HFID's plan for appropriately completing complaints and ERIs. The workload plan examines the amount of work that can be completed given the current staffing levels. HFID will complete all complaints and ERIs according to the workload plan agreed upon by the State. HFID continues to request additional resources to be able to complete all mandated work and will continue to collaborate with the State on future workload plans.</p> <p>The Complaint Tracking Log will be used to ensure that all complaints and ERIs are initiated and completed timely in accordance with the workload plan.</p>	<p><b>Complete</b> Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, the comprehensive audit review process currently in development includes a verification component to ensure that complaints/ERIs are investigated and completed according to the workload plan.</p>
<p>9. HFID management ensure that an inventory of closed cases is maintained and closed case are purged in accordance with the State requirements.</p>	<p>Agree. HFID will maintain a current inventory of all closed cases utilizing the ACTS system. According to the State's Licensing and Certification Policy and Procedure Manual, case files are to be purged four years from the adjudication date or the investigation close date. HFID staff participated in CDPH training on June 25, 2014, and July 1, 2014, which included training on the record retention policy. Refresher training will be provided on an annual basis.</p>	<p><b>Complete for this year</b> Recommendation was implemented prior to the completion of this audit.</p> <p>In addition, the comprehensive audit review process currently in development includes a verification component to ensure that the retention policy is being correctly enforced.</p>
<p>10. DPH management hire an independent consultant that can assist them in validating the State's staffing model and help them ensure all recommendations from recent audit reports are addressed.</p>	<p>Disagree. DPH worked closely with the State using the staffing model they provided to us and that they currently use to allocate resources statewide. DPH arrived at the recommended staffing level by applying the State staffing factors to the annual projected DPH workload. The request for additional funding was submitted in accordance with State budget request deadlines for FY2015-16, including an urgent request for additional funding for FY2014-15.</p>	<p><b>N/A</b></p>

86348



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

Attachment I

3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	<b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by 99 HFID surveyors and supervisors.	<b>Complete</b>
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	<b>Complete</b> Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	<b>On-Track</b>



CYNTHIA A. HARDING, M.P.H.  
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.  
Interim Health Officer

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Second District

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Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

November 10, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

A handwritten signature in black ink, reading "Cynthia A. Harding". The signature is written in a cursive style with a large, stylized "C" and "H".

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM 29-A, AGENDA OF JUNE 24, 2014; ITEM 23-A, AGENDA OF OCTOBER 28, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8 and July 22, 2014, August 21, 2014, and September 26, 2014.

On October 28, 2014, your Board also instructed DPH to include information on the following three items in our November report: 1) The percent of initial citations that either are upgraded or downgraded upon review by Division managers prior to issuance; 2) A detailed description of the newly established procedure for review and final approval of recommended nursing home citations within the HFID; and 3) The training provided to HFID staff and the percentage of staff that have completed this training.

This report provides the above-requested information as well as updates on the audit of the State's long-term health care facilities inspection program, recent media attention to the issue of data entry in complaint investigation initiation, and strategic workload planning in the HFID program.

## **Quality Review Recommendations**

Recommendations one through five in the Quality Review report have been completed. In addition, a tracking system to monitor training needs and compliance with mandatory training has been developed. Recommendation six is on-track for completion by the established due date. See Attachment A for details.

The following section responds to Supervisor Antonovich's October 28, 2014 motion with information regarding the newly established procedure for review and final approval of recommended nursing home citations, nursing home citation upgrading or downgrading, and staff training on these procedures.

### **Procedures for Nursing Home Inspection Citation Recommendations**

Nursing home inspection citation recommendations to the State are determined based upon the surveyor's investigation findings with the concurrence of the supervisor and medical consultant in accordance with State policies and procedures. State policy did not previously require written verification of discussions between surveyors and supervisors on the level of citations.

#### *Revised Procedures*

As part of the corrective action steps to the Los Angeles County Auditor-Controller's recommendations, HFID adapted a State worksheet titled, "Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor," to document discussions between surveyors and supervisors. Previously, the Worksheet did not require signatures indicating consensus after discussions took place between the surveyor and the supervisor. The revised Worksheet now verifies that supervisors are conferring with the surveyors before any changes are implemented and requires the supervisor to document the justification for approving or changing the surveyor's results. The Worksheet contains the following information categories: components of a deficient practice statement; findings that address all factual aspects of the investigation; sources of evidence (observation/interview/record review); sufficient supporting evidence; correct regulations cited; supportive documentation for violations; impact on the residents involved; and the appropriate scope and severity.

By June 5, 2014, HFID provided training and directive to supervisors to use the revised Worksheet and documentation verification.

#### *Citation Recommendations*

Since June 5, 2014, when HFID provided this training to supervisors on the revised Worksheet, HFID has issued 14 citations. None of these citations resulted in a change to the recommended citation level.

#### *Staff Training on Revised Worksheet*

See Recommendations 2, 4, and 5 in Attachment A regarding recommendations for training in the State's Quality Review report and HFID's implementation status. A total of 100% of supervisors

and senior staff have been trained. As for support staff, 88% have been trained with the remaining 12% scheduled to be trained on November 14, 2014.

HFID's comprehensive audit review process to be completed by December 31, 2014, includes a verification component to ensure that supervisors and managers are appropriately using this Worksheet.

### **California State Auditor Report**

As a result of a request by the Joint Legislative Audit Committee, the California State Auditor released an audit report, "California Department of Public Health (CDPH): It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities," Report 2014-111, October 2014. The State's audit focused on CDPH administration and oversight of the long-term health care facilities inspection program. However, several of the areas emphasized by the State Auditor were similar to areas of concern that have been addressed by HFID, including adequate staffing and resources; monitoring and reviewing the status of open facility-related complaints and entity-reported incidents (ERIs); compliance with corrective action plans; and appropriate and consistent processing of complaints and ERIs, including closures. DPH has previously reported on corrective action steps it has taken with respect to these areas, including:

- HFID was placed under the Environmental Health Division for better oversight and management.
- Managers were relocated to outlying offices, where the line staff are located, for better oversight.
- A form, Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor, is used to document a supervisor's review and discussion with the surveyor regarding the results of the survey or investigation.
- In addition to utilizing ACTS, a Complaint Tracking Log was implemented to monitor the status of complaints received.
- Training was provided to supervisors and support staff regarding the prioritization and assignment of all complaint/ERIs at intake, including complaints/ERIs that constitute an immediate jeopardy situation.
- Los Angeles County is responsible for 33% of licensed health care facilities that require inspection in the State, yet DPH received only 15% of the CDPH Licensing & Certification budget. HFID submitted a request to CDPH for additional funds and resources to adequately address the workload.
- Budget and contract oversight was provided to ensure more efficient and effective filling of vacant positions and full expenditure of State contracted budgeted allocations.
- Retirees are being utilized to address the backlog of complaints and ERIs.
- Overtime is approved for staff to address additional workload.

- HFID implemented a workload plan that prioritizes surveys, complaints, and ERIs; assures that HFID staff meet quality standards for their investigations; and optimizes the most productive use of staff.

HFID will continue to work with the State to identify additional areas of improvement.

### **Corrective Actions on Complaint Investigation Initiation**

A recent Daily News article cited the problem of entering accurately the dates that complaints were received by HFID into the State's ACTS database system. This issue, which the article characterized as intentional "data falsification," relates to prioritizing of complaints and initiating investigations. The issue was also identified in both the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County's program. Incorrect entry of the receipt date of a complaint is a serious error, as the date the complaint is received is critical to monitor the program's response time. Complaints that are considered immediate jeopardy (IJ), because they are situations in which the provider's noncompliance with one or more federal or state regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident, must be responded to within 24 hours. Non-IJ complaints should be responded to within 10 days.

DPH does not sanction intentional document falsification and is not aware of any intentional falsification of dates in the ACTS system. HFID management responded swiftly to discrepancies identified in data entry through assessing staff practices, identifying training needs for staff responsible for data entry, and implementing staff training. Trainings on the prioritization of complaints and how to enter them in the ACTS computer system were provided to supervisors, nurses, and support staff on June 25, 2014, July 1, 2014, and most recently on October 7, 2014. The October 7 training focused specifically on the data entry issue. HFID is currently implementing a system to monitor the accuracy of data entry going forward. This month, additional DPH staff will be assigned to perform a weekly audit to assure adherence to the data entry policies and protocols. In addition, the CDPH and the federal Centers for Medicare and Medicaid Services (CMS) staff will be investigating the "data falsification" allegations on site on November 12-14, 2014. DPH will provide your Board with an update on the CDPH and CMS site visit and our audit findings in our December report.

### **Strategic Workload Planning**

HFID has been following a three-month workload plan to optimize productive use of existing staff while assuring that HFID staff meet quality standards for their investigations. HFID is also collaborating with CDPH and CMS to develop a one-year strategic plan that lays out the volume of work and priority of assignments given that we will not receive any additional funding for fiscal year 2014-15. From July to September 2014, HFID has completed all the backlogged survey write-ups. HFID has also completed all scheduled surveys identified in the three-month work plan and is on target to complete all complaints and ERIs as indicated in its 3-month work plan.

Each Supervisor  
November 10, 2014  
Page 5

The next Board report will be provided in December 2014. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc  
PH:1406:006

Attachment

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS  
(As of 11-6-14)**

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	Status
<p>1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>

3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	<b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.	<b>Complete</b>
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	<b>Complete</b> Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training.  By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	<b>Complete</b> The tracking system to monitor training needs and compliance with mandatory training has been developed.  <b>On-track</b>



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SOUTHERN DISTRICT OF NEW YORK



COUNTY OF LOS ANGELES

**Public Health**

JONATHAN E. FIELDING, M.D., M.P.H.  
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.  
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Fifth District

August 21, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JE Fielding*  
Director and Health Officer

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Two reports were previously submitted to your Board on July 8 and July 22, 2014.

Recommendations one through five in the Quality Review report have been completed, and Recommendation six is on-track for completion by the established due dates. See attachment A for details.

**Organizational Improvements**

DPH has instituted a number of organizational changes to improve performance and increase accountability of HFID. These improvements were previously presented in the July 22, 2014 report, including placing HFID under the Division of Environmental Health and the appointment of Nwamaka Oranusi as Acting Chief of HFID. In her new role, Ms. Oranusi oversaw the implementation of a complaint tracking log in July 2014 that supervisors complete to closely monitor the status of all complaints received. The log includes tracking of immediate jeopardy complaints and ensures timely investigations. She has ensured all applicable staff have reviewed policies and were trained on procedures related to intake, prioritization, and assignment of complaints and entity reported incidents (ERIs).

CDPH has provided a deputy level management team to work directly with HFID to identify additional areas of improvement and to prioritize workload. They have also provided two full time management level staff to work directly with Ms. Oranusi to provide additional assessment, monitoring and oversight. HFID continues to implement staff training; and CDPH is providing refresher training to HFID supervision in two sessions from August 12 through August 22, 2014, to ensure policies and procedures are correctly applied.

Each Supervisor  
August 21, 2014  
Page 2

### **Strategic Workload Planning**

As previously reported, the CDPH Quality Review report did not take into account resource shortages. HFID continues to meet weekly with CDPH, and prioritizes the need for additional staff in these discussions. To date, HFID has not received a response regarding its funding request for additional resources. In the interim, HFID continues to follow a three-month workload plan that prioritizes surveys, complaints, and ERIs to optimize productive use of existing staff. This has resulted in a reduction in the workload in order to assure that HFID staff meet quality standards for their investigations. HFID is also collaborating with CDPH and the federal Centers for Medicare and Medicaid Services (CMS) to develop a one-year strategic plan that allows DPH to meet workload obligations without sacrificing the quality of investigations.

The next Board report will be provided by September 30, 2014. In the meantime, if you have any questions or need additional information, please let me know.

JEF:dc  
PH:1406:006

### **Attachment**

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

Attachment I

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	STATUS
<p>1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID Contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff.</p> <p>In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

<p>3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.</p>	<p>In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.</p>	<p><b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.</p>	<p>Attachment I</p>
<p>4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.</p>	<p>Completed. Training was provided by CDPH on May 1, 2014, and was attended by 99 HFID surveyors and supervisors.</p>	<p><b>Complete</b></p>	
<p>5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.</p>	<p>By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.</p>	<p><b>Complete</b> Training was provided on June 25, 2014.</p>	
<p>6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.</p>	<p>By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.</p>	<p><b>On-Track</b></p>	



CYNTHIA A. HARDING, M.P.H.  
Interim Director

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Interim Health Officer

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Fifth District

December 23, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8 and July 22, 2014, August 21, 2014, September 26, 2014, and November 10, 2014.

This report provides updates on the State Quality Review; the corrective actions on complaint investigation initiation, including the onsite investigation by the CDPH and the federal Centers for Medicare and Medicaid Services (CMS); the proposed revised workload strategy mandated by CDPH; and other issues raised by a former HFID employee.

**Quality Review Recommendations**

Recommendations one through five in the Quality Review report have been completed. Recommendation six is on track for completion by December 31, 2014. A tool was developed for use in the audit review process (see Attachment A). It is being piloted in select offices and will be finalized by December 31, 2014, when it will be implemented in all district offices. Attachment B provides details on the status of all recommendations.

### **Corrective Actions on Complaint Investigation Initiation**

The November report informed your Board about a Daily News article that cited the problem of entering accurately the dates that complaints were received by HFID into the State's Automated Complaints Tracking System (ACTS). This issue, which the article characterized as intentional "data falsification," related to the prioritization of complaints and initiating investigations, an issue that was also identified in both the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County program. Incorrect entry of the receipt date of a complaint is a serious error, as the date the complaint is received is critical to monitoring the program's response time. DPH does not sanction document falsification and is not aware of any intentional falsification of dates in ACTS by DPH staff. HFID management responded swiftly to discrepancies identified in data entry through assessing staff practices, identifying training needs for staff responsible for data entry, and implementing staff training. Trainings on the prioritization of complaints and how to enter them into ACTS were provided to supervisors, nurses, and support staff on June 25, 2014, July 1, 2014, and most recently on October 7, 2014. The October 7 training focused specifically on the data entry issue. HFID implemented a system to monitor the accuracy of data entry going forward. Program managers now conduct weekly audits. Last month's audits revealed that staff are complying with the October 7, 2014 training. In addition, HFID management is working with two DPH managers who have expertise in audit processes to review procedures and verify that required compliance controls are in practice.

The CDPH and the federal CMS staff investigated the "data falsification" allegations during an onsite visit on November 12-14, 2014. They concurred with DPH's determination that there was no falsification of documents and that additional training was needed regarding the data entry for complaints. CDPH and CMS were pleased with the promptness in which training was provided to HFID staff. There have been no formal findings provided to DPH to date.

### **Revised Strategic Workload Plan**

Since September 2014, HFID has been following an annual workload plan to optimize productive use of existing staff while assuring that HFID staff meet quality standards for their investigations. This strategy, which prioritized the completion of both surveys and immediate jeopardy complaints, was based on the findings of the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County HFID program. Recently, in two separate meetings, one with CMS and another with CDPH, a verbal directive was made that the County needs to ensure completion of mandated surveys. It is our understanding, working with County Counsel, that the County is contractually obligated to complete surveys within the required timeframe. As a result, HFID has developed a revised workload strategy that prioritizes surveys while minimizing the impact on service quality to the vulnerable population. Despite the re-prioritization, and given the existing staffing shortages and budget constraints previously described to your Board, HFID will not be able to complete all surveys within the required timeframe, and will not be able to address the current backlogged citations and complaints. In addition, HFID anticipates there will be complaints/entity reported incidents (ERIs), both immediate jeopardy and non-immediate jeopardy, that will not be completed, or in some cases not even initiated, thus further increasing the current backlog of complaints/ERIs. There will be other impacts in the workload, including to the other HFID programs whose staff will be redirected to complete skilled nursing facility surveys within the required timeframes, and with the write-up and issuance of citations. This revised strategy and resulting impacts is outlined in a letter that was sent to CDPH on December 22, 2014 (see Attachment C).

### **Issues Raised by Former HFID Employee**

Since the November report, HFID management received a resignation letter from an employee that included several allegations about the HFID program. Nine of the ten allegations in the letter concerned matters addressed as part of the recommendations to the Auditor-Controller's audit of HFID. The employee's tenth allegation concerned purported improprieties with the exit interview process for complaints. The employee contended that after a formal exit conference was conducted on March 20, 2014, the employee was asked to conduct another formal exit conference on September 24, 2014, to avoid missing the complaint closure timeframe in ACTS. According to State policy, the formal exit conference begins the 60-day timeframe to close the complaint in ACTS. By conducting another formal exit conference in September, as the employee claims, the 60-day timeframe was "re-set" to comply with the policy. In reviewing the chronology of the specified complaint, it was determined that the employee was incorrect in the understanding of the exit conferences. According to State policy (*Licensing and Certification Policy & Procedure Bulletin No. 14-01*), there is an *informal* exit conference and a *formal* exit conference. The informal exit conference is conducted "upon completion of the onsite investigation at the facility when no further investigation is required at the facility ... or the surveyor needs to consult with a supervisor." The formal exit conference is conducted "after all supporting documentation is collected, the investigation is completed and the supervisor has approved." The March 20<sup>th</sup> exit conference that the employee references was the informal exit conference. The September 24<sup>th</sup> exit conference was the formal exit conference as it was conducted after the supervisor had approved the findings and citations.

The next Board report will be provided in January 2015. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc  
PH:1406:006

### **Attachments**

c: Interim Chief Executive Officer  
County Counsel  
Acting Executive Officer, Board of Supervisors



**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES PROGRAM**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Program Manager

FROM: \_\_\_\_\_  
Supervisor/Designee

**SUBJECT: MONTHLY AUDIT REVIEW AND FOLLOW-UP REFRESHER TRAINING**

HFID Office/Staff: \_\_\_\_\_

Reporting period: \_\_\_\_\_

To verify consistency of Abbreviated Standard Survey - Federal Complaint Process, 100.2.01, a review of documentation revealed that:

The date of the complaint entered into ACTS reflects the date it was received in the office.  
Y / N / NA

The complainant final notification letter was sent within 10 working days of the exit.  
Y / N / NA

To verify consistency with Principles of Investigation and Documentation Policy a review of report revealed that:

Investigation was consistent with Principles of Investigation. Y / N / NA

Documentation was consistent with Principles of Documentation. Y / N / NA

**FINDINGS:**

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**CORRECTIVE ACTIONS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Refresher Training Recommended  | <input type="checkbox"/> Appropriate Material Provided |
| <input type="checkbox"/> Appropriate Webinar Recommended | <input type="checkbox"/> Field Training Recommended    |

The following corrective actions have been taken to address the errors and ensure compliance:

1. 

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2. 

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3. 

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4. 

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5. 

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Supervisor/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS**

(As of 12-15-14)

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	Status
<p>1. CDPH should immediately initiate investigations of the three complaints and ERLs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.</p>	<p>HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.</p>	<p><b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.</p>
<p>2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.</p>	<p>By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERLs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERLs by July 15, 2014.</p>	<p><b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERLs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.</p>

<p>3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.</p>	<p>In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.</p>	<p><b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERLs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.</p>
<p>4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.</p>	<p>Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.</p>	<p><b>Complete</b></p>
<p>5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERL investigations.</p>	<p>By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERL investigations.</p>	<p><b>Complete</b> Training was provided on June 25, 2014.</p>
<p>6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.</p>	<p>By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training.  By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.</p>	<p><b>Complete</b> The tracking system to monitor training needs and compliance with mandatory training has been developed.  <b>On-track</b> A tool was developed for use in the audit review process and is being piloted in select offices before finalizing it.</p>



**CYNTHIA A. HARDING, M.P.H.**  
Interim Director

**JEFFREY D. GUNZENHAUSER, M.D., M.P.H.**  
Interim Health Officer

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Fourth District

**Michael D. Antonovich**  
Fifth District

December 22, 2014

Kathleen Billingsley, RN  
Chief Deputy Director of Policy and Programs  
California Department of Public Health  
Director's Office, MS 0500  
P.O. Box 997377  
Sacramento, CA 95899-7377

Dear Ms. Billingsley:

This letter is to provide you with the revised Workload Plan for Los Angeles County based on the recent verbal instructions received from your staff and Paula Perse from the Centers for Medicare & Medicaid Services (CMS).

**Background**

In February 2014, Los Angeles County Department of Public Health (DPH), Health Facilities Inspection Division (HFID) received a letter from California Department of Public Health (CDPH) requesting a written plan describing the actions it would take to close aging long-term care investigations that were still open. After a phone conversation with you on March 14, 2014, you sent a revised request on March 19, 2014, that recognized our intent to include in the written plan the increased costs associated with resolving the backlog as well as those associated with making the program whole.

On April 4, 2014, I sent you a letter outlining DPH's plan to address the backlogged complaints. This letter included the additional costs and resources required for HFID to address the current complaints, backlogged complaints, and surveys for long-term care facilities.

On April 16, 2014, you sent a letter requesting further clarification of the analysis presented in our April 4, 2014 letter. Our follow-up letter dated May 27, 2014, provided you with a more extensive workload analysis based on CDPH's staffing model. In that letter, we outlined the need for funding for an additional 128 positions and on May 30, 2014, DPH followed-up with a Budget Change Proposal to CDPH Licensing & Certification (L&C) for the additional resources for fiscal

Kathleen Billingsley, RN  
December 22, 2014  
Page 2

years 2014-15 and 2015-16. This request was necessitated by HFID's urgent need to hire additional staff in order to meet all contractual obligations and address all complaints, both initiation and closure, within acceptable time frames. As you know, DPH is assigned approximately 33% of the facilities under L&C's jurisdiction, but only receives approximately 15% of state-wide L&C funding. To date, we have not received any response to this request.

### Audits

The April 4, 2014 *Department of Public Health – Nursing Home Investigation Audit* conducted by the Los Angeles County Auditor-Controller at the request of the Board of Supervisors investigated the backlog of open complaints. This audit found there was a need for improved tracking of open investigations in order to close cases within reasonable time frames and manage overall workload. Among the ten recommendations in this audit, the Auditor-Controller specifically recommended that "Department of Public Health management establish benchmarks, budgets, and due dates to ensure that investigations are performed within reasonable time frames to ensure that investigations are closed in a timely manner."

The June 1, 2014 *Quality Review of Los Angeles County Health Facilities Inspection Division* conducted by CDPH in March, 2014 focused on the impact of the unsanctioned "Complaint Cleanup Project" that HFID implemented in August 2013 to close backlogged cases. The review found that the unsanctioned policy had limited impact, but also found that HFID staff required training on complaint and entity-reported incident (ERI) prioritization and review, that a system should be implemented to track initiation and status of open cases, and that training was needed for supervisors and surveyors on applying the Principles of Investigation and Documentation.

The findings of the August 27, 2014 *Department of Public Health – Nursing Home Investigation Follow-Up Review* conducted by the Los Angeles County Auditor-Controller focused on ensuring that complaints/ERIs are prioritized and handled according to State guidelines. It also recommended that all changes to surveyors' recommendations by supervisors are discussed with the surveyor, which resulted in the implementation of the 'Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors' form. This form documents that any changes made by a supervisor have been discussed with the surveyor.

Finally, the California State Auditor's October 2014 audit of the California Department of Public Health specifically included in its recommendations that "By May 1, 2015, establish a specific time frame for completing complaint investigations and ERIs."

These audits focused primarily on unclosed complaint and ERI investigations and not on incomplete surveys. While completing all surveys is mandated per the contract, HFID is not staffed sufficiently to complete all surveys and close all complaints and ERIs. The recognition of this HFID staffing shortage, especially in relation to the number of facilities that must be surveyed as compared to the remainder of the State, caused DPH to request in May of 2014 an increase in funding to support the additional 128 positions required to complete the work required by the Contract.

Kathleen Billingsley, RN  
December 22, 2014  
Page 3

Because no additional staffing was approved by CDPH, HFID prepared a Workload Plan Proposal for July to September 2014, which factored in the availability of resources and the amount of projected work using the State standard average hours. This plan, which was discussed in multiple phone calls with your staff and with CMS in an on-site visit on July 2, 2014, focused on initiation and closure of Immediate Jeopardy (IJ) complaints and ERIs, and projected an estimated completion of 55% (26/47) of recertification surveys. This plan was used through the end of federal fiscal year (FFY) 2013-14 which ended September 30, 2014.

HFID also developed a twelve month plan for FFY 2014-15 with the assistance of L&C staff. Weekly reports have been submitted to L&C, showing the number of missed surveys. As of December 12, 2014, DPH has missed 19 surveys, of which your staff is aware.

### **Revised Workload Plan**

CMS and L&C staff conducted an on-site visit to Los Angeles County HFID from November 12-14, 2014 to investigate allegations of date falsification. During this site visit, CMS staff emphasized that Los Angeles County's only mandate was to conduct surveys within the required time frame and, by implication, should adjust the Workload Plan accordingly. Following this visit, a conference call was held with L&C on November 18, 2014, in which they reiterated that HFID is mandated to complete all recertification surveys within required time frames, and is not mandated to complete complaint and ERI investigations. In response, given our current resource constraints, HFID has again revised its Workload Plan to reduce the number of missed surveys. Below is the Current Workload Plan and the proposed Revised Workload Plan, which now places the primary focus on the mandated activity of completion of Recertification Surveys.

#### **Current Workload Plan (January – September 2015)**

- Recertification Surveys (191 out of 232)
- Initiating and completing all IJ complaints/ERIs
- Initiating all Non IJ complaints/ Non IJ High ERIs
- Completing the write-ups for backlogged citations

#### **Revised Workload Plan (January – September 2015)**

- Recertification Surveys (214 out of 232)
- Initiating but not completing all IJ complaints/ERIs
- Initiating all Non IJ complaints
- Not initiating Non IJ High ERIs
- Not completing write-ups for backlogged citations

Kathleen Billingsley, RN  
December 22, 2014  
Page 4

In order to fulfill the Revised Workload Plan, HFID will redirect nurses from other health care facility activities to complete the surveys for skilled nursing facilities (SNF). This redirection will necessarily impact the timely completion of Tier II activities, such as initial licensing. It is also important to note that eleven nurse trainees were eligible to take the Surveyor Minimum Qualifications Test (SMQT) but were not admitted to the November testing as there were no spaces available. Due to the inability of the trainees to conduct surveys until they pass the SMQT as well as three current vacancies in the program, we project not being able to complete all required surveys.

In addition, with this Revised Workload Plan, HFID will not be able to complete write-ups for backlogged citations. We project that by the end of September 2015, there will be approximately 236 IJ complaints/ERIs and 1,170 Non-IJ complaint investigations that will have been initiated but not completed, and 1,032 Non-IJ High ERIs which will not have been initiated. This will increase our current existing backlog of complaints and will result in fewer corrective action plans that ensure facilities are in compliance. This could have a negative impact on the quality of patient care in these facilities and, as mentioned, could impact the timely completion of Tier II activities.

Finally, your staff verbally instructed HFID to discontinue the use of the Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors, unless the deficiencies are at a level G or higher. The form was implemented based on audit recommendations in the Los Angeles County Department of Auditor-Controller's August 2014 report and referenced in the California State Auditor's October 2014 report. Completion of the worksheet is time consuming and adds to the already burdensome workload, yet it addresses the issue of poor documentation related to the changing of a citation level. We will follow your recommendation and use the form for level G or higher deficiencies.

In summary, we will:

- 1) Prioritize Recertification Surveys;
- 2) Initiate IJ complaints and IJ ERIs;
- 3) Initiate Non-IJ complaints;
- 4) Discontinue initiating Non-IJ High ERIs;
- 5) Discontinue the work on the backlogged citation write-ups.
- 6) Continue the use of the Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors for level G or higher deficiencies.

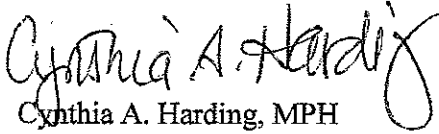
As always, we are open to discussing these issues and working with your staff on ways to more efficiently address the projected workload. Unless we hear from you in writing by January 6, 2015, we will assume you are in agreement with this proposed revised Workload Plan and will implement it accordingly.



Kathleen Billingsley, RN  
December 22, 2014  
Page 5

Our current contract with CDPH ends in June of 2015. Unfortunately, carrying out the required elements of the contract with the current staffing levels is untenable as DPH is unable to implement the recommendations of the Los Angeles County Auditor-Controller regarding closure of complaints and meet our mandate to complete all surveys. Therefore, without an assurance of a significant increase in funding to appropriately support the program, DPH must consider a recommendation to our Board that the County not renew its contract with L&C to perform these services.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia A. Harding".

Cynthia A. Harding, MPH  
Interim Director

c: Ron Chapman, M.D., M.P.H.  
Director and Health Officer  
California Department of Public Health

Jeffrey Gunzenhauser, M.D., M.P.H.  
Interim Health Officer  
Los Angeles County Department of Public Health

Nwamaka Oranusi, RN  
Acting Chief of Health Facilities Inspection Division  
Los Angeles County Department of Public Health

Terri Williams, REHS  
Assistant Director of Environmental Health  
Los Angeles County Department of Public Health



CYNTHIA A. HARDING, M.P.H.  
Interim Director

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Fifth District

February 3, 2015

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8 and July 22, 2014, August 21, 2014, September 26, 2014, November 10, 2014, and December 23, 2014.

This report provides updates on the State Quality Review; the proposed revised workload strategy submitted to CDPH; and the CDPH Fiscal Year (FY) 2015-16 Budget Request for the Los Angeles County Contract.

**Quality Review Recommendations**

All recommendations in the Quality Review report have been completed. Recommendation six, the recommendation pending from the last report, was completed. A monthly audit form was revised after piloting the form in select offices. The revised form and guidelines for completing the form will be implemented beginning February 2015 (Attachment A and B, respectively). Attachment C provides details on the status of all recommendations.

**Revised Strategic Workload Plan**

Since September 2014, HFID has been following an annual workload plan to optimize use of existing staff while assuring that HFID staff meet quality standards for their investigations. This strategy, which prioritized the completion of both surveys and immediate jeopardy complaints,

was based on the findings of the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County HFID program. Recently, in two separate meetings, one with CMS and another with CDPH, a verbal directive was made that the County prioritize surveys prior to initiating and completing complaints, or addressing the complaint backlog. According to County Counsel's review of the State contract, the County is contractually obligated to complete surveys within the required timeframe. Consequently, HFID developed a revised workload strategy that prioritizes surveys while minimizing the impact on service quality to the vulnerable population. This revised strategy and resulting impacts were outlined in a letter sent to CDPH on December 22, 2014. CDPH acknowledged the letter without expressing approval or disapproval of the revised strategy, and indicated that they would be reviewing and consulting with the Centers for Medicare and Medicaid Services Regional Office staff on its content. In the meantime, HFID is continuing with the prior strategic workload plan until CDPH provides approval or agreement with the revised strategy.

### **2015-16 Budget Negotiations for LAC Contract**

Governor Brown's Fiscal Year 2015-16 Proposed Budget, introduced on January 9, 2015, included a \$9.5 million increase in funding for the LAC Contract for health facility inspections. The budget augmentation is intended to allow the County to complete high-priority federal and state workload. DPH has previously requested from the State increased resources of \$29.6 million which would increase the contracted funding amount to \$56.5 million to fund an additional 156 positions to complete the required workload. DPH continues to hold discussions with CDPH to obtain clarification on the State's staffing model, fiscal assumptions, and DPH's funding request shortfall.

The next Board report will be provided in late February 2015. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc  
PH:1406:006

### **Attachments**

c: Interim Chief Executive Officer  
County Counsel  
Acting Executive Officer, Board of Supervisors

**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES PROGRAM**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Program Manager

FROM: \_\_\_\_\_  
Supervisor/Designee          District Office

**SUBJECT:      MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING**

Surveyor: \_\_\_\_\_ Support Staff: \_\_\_\_\_

Facility: \_\_\_\_\_ Complaint / ERI #: \_\_\_\_\_

**A. To verify consistency of the Abbreviated Standard Survey (Federal Complaint Process) Section 100.2.01, a review of a closed Intake package revealed the following:**

The received dates entered into ACTS reflect the date the Complaint/ERI was first received in the office (Received Start Date), and the date the Intake data was entered into ACTS (Received End Date). These dates may or may not be the same date. Y / N

The completed package was submitted timely to support staff for processing: Y / N

The complainant final notification letter was sent within 10 working days of the Formal Exit. Y / N / NA

If No, was final letter sent? Y / N          How many working days after Formal Exit? \_\_\_\_

**B. To verify consistency with Principles of Investigation and Principles of Documentation Policies a review of a closed Intake package revealed that:**

Investigation was consistent with **Principles of Investigation (POI)**

Number of Allegations in the Intake \_\_\_\_

Were all Allegations investigated thoroughly? Y / N

If not, how many Allegations were not investigated? \_\_\_\_

Documentation was consistent with **Principles of Documentation (POD)** Y / N

If No, refer to the “Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors” form for guidance. Include the completed form with each Audit completed.

**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH  
HEALTH FACILITIES PROGRAM**

**FINDINGS:**

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**CORRECTIVE ACTIONS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Refresher Training Recommended  | <input type="checkbox"/> Appropriate Material Provided |
| <input type="checkbox"/> Appropriate Webinar Recommended | <input type="checkbox"/> Field Training Recommended    |

The following corrective actions have been taken to address the errors and ensure compliance:

1. 

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2. 

---
3. 

---
4. 

---
5. 

---

Supervisor/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROCEDURES ON COMPLETING THE MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING FORM

**APPLICATION: ALL SUPERVISORS OF DISTRICT OFFICES IN HEALTH FACILITIES INSPECTION DIVISION**

**PURPOSE:**

The **Monthly Audit of Closed Complaints/ERIs and Follow-Up Training** form (**Attachment**), also referred to as the “form”, is to serve as an audit tool. This tool is to ensure that offices consistently follow state policies and procedures related to Complaint/ERI intake, prioritization, assignment, and completion. In addition, this tool is to ensure that the investigation and documentation was consistent with Principles of Investigation (POI) and Principles of Documentation (POD).

**PROCEDURE:**

The **Monthly Audit of Closed Complaints/ERIs and Follow-Up Training** form shall be used to audit procedures of Intakes, investigation and documentation. This form shall be used for support staff and evaluators (surveyors). Supervisors shall review four randomly selected closed Intakes on one staff person per month. Preferably one review per week will be conducted for four consecutive weeks, utilizing one form per review. The randomly selected Intake for review should be a recently closed Complaint/ERI. The intent is to complete one audit per year per staff.

The Monthly Audit of Closed Complaints/ERIs and Follow-up Training forms shall be completed and submitted to the District Program Manager by the 10<sup>th</sup> of the month following the audit.

### **COMPLETING THE MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING FORM**

Supervisors shall complete the following information during their audit:

**Page 1 of the Monthly Audit of Closed Complaints/ERIs and Follow-up Training**

- Date the audit was conducted
- Program Manager's name
- Supervisor or Designee completing the audit and District Office of the Surveyor audited
- The evaluator being audited and the support staff responsible for intake and processing
- Facility name
- Circle whether a **Complaint** or **ERI** and indicate the intake number
- Circle Yes or No for the date the intake was first received in the office and the received end date entered into ACTS reflect the initial date the intake was received in the office, and the initial date the intake was entered into ACTS. This may or may not be the same date (Refer to 100.2.01 page 6).
- Circle Yes or No to indicate whether the package was submitted timely to support staff

- for processing
- Circle Yes, No or NA for the complainant final notification letter sent within 10 working days of the Formal Exit
- If the answer to the above was Yes, **skip to section B**
- If the answer to the above was No, circle Yes or No if the final letter was sent
- If the answer to the above was Yes, indicate how many days after the Formal Exit the letter was sent

**Consistency with Principles of Investigation**

- Indicate the number of allegations in the intake
- Circle Yes or No for all allegations investigated thoroughly
- If No to the above, indicate the number allegations **NOT** investigated and indicate the details of the findings on Page 2.

**Consistency with Principles of Documentation**

- Circle Yes or No if the documentation was consistent with the POD
- If the answer to the above is No, use the mandatory **“Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors”** form for guidance. If the form was used, include the completed form with the Audit.

The second page of the **Monthly Audit of Closed Complaints/ERIs and Follow-up Training** form contains a space to document the findings.

**Page 2 of the Monthly Audit of Closed Complaints/ERIs and Follow-up Training**

- Document your findings upon completion of the audit
- Mark the appropriate corrective actions taken and document in the spaces provided
- The signature of the person completing the form and the date completed
- The signature of the staff audited and the date completed

**ATTACHMENTS:**

**Monthly Audit of Closed Complaints/ERIs and Follow-up Training form**

**Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors form**

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS  
(As of 1-21-15)**

<b>Recommendations from CDPH 6-1-14</b>	<b>Corrective Action Submitted to CDPH 6-12-14</b>	<b>Status</b>
1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.	HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.	<b>Complete</b> Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.
2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.	By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.	<b>Complete for this year.</b> Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.



3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	<b>Complete</b> On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.	<b>Complete</b>
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	<b>Complete</b> Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training.  By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	<b>Complete</b> The tracking system to monitor training needs and compliance with mandatory training has been developed.  <b>Complete</b> A monthly audit form and guidelines were finalized and will be used beginning February 2015.